## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1)   |  |   |              |                      |                              | (Column 2) SMALL ENTITY |       | ITITY               | OR                     | OTHER THAN<br>OR SMALL ENTITY |                     |                        |  |
|---|--|---|--------------|----------------------|------------------------------|-------------------------|-------|---------------------|------------------------|-------------------------------|---------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 23           |                      |                              |                         | [     | RATE                | FEE                    |                               | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED |                      | NUMBI                        | ER EXTRA                |       | BASIC FEE           | 370.00                 | OR                            | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 23 minus 20= |                      | * 3                          |                         |       | X\$ 9=              |                        | OR                            | X\$18=              | 54                     |  |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =  |                      | * /                          | '                       |       | X42=                | :                      | OR                            | X84=                | 84                     |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |              |                      |                              |                         |       | +140=               |                        | OR                            | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter  |  |   |              |                      | r "0" in c                   | olumn 2                 |       | TOTAL               |                        | OR                            | TOTAL               | 878                    |  |
| CLAIMS AS AMENDED - PART II   |  |   |              |                      |                              |                         |       |                     |                        |                               | OTHER               |                        |  |
| (Column 1)  |  |   |              | (Colui               |                              | (Column 3)              |       | SMALL               |                        | OR                            | SMALL               |                        |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREVI         | BER                          | PRESENT<br>EXTRA        |       | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **                   |                              | =                       |       | X\$ 9=              |                        | OR                            | X\$18=              |                        |  |
|   | Independent  | *<br>NTATION OF MU                        | Minus        | ***                  | TCLAIM                       | =                       |       | X42=                |                        | OR                            | X84=                |                        |  |
|   | THOTPACOL  | L.,                                       |              | +140=.               |                              | OR                      | +280= |                     |                        |                               |                     |                        |  |
|   |  |   |              |                      |                              |                         |       | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT, FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                      |                              |                         |       |                     |                        |                               |                     |                        |  |
|   |  | CLAIMS                                    |              | HIGH                 | HEST                         |                         | 7 r   | I                   | ADDI-                  |                               |                     | ADDI-                  |  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | PREVI                | IBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA        |       | RATE                | TIONAL<br>FEE          |                               | RATE                | TIONAL                 |  |
|   | Total  | *   | Minus        | **                   |                              | =                       |       | X\$ 9=              |                        | OR                            | X\$18=,             |                        |  |
|   | Independent  | *   | Minus        | ***                  | T OL A 114                   | =                       | 41    | X42=                |                        | OR                            | X84≓                | •   •                  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |              |                      |                              |                         |       | +140=               |                        | OR                            | +280=               |                        |  |
|   |  |   |              |                      |                              |                         |       |                     |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |  |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE   |  |   |              |                      |                              |                         |       |                     |                        |                               |                     |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA        |       | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **                   |                              | =                       |       | X\$ 9=              |                        | OR                            | X\$18=              |                        |  |
|   | Independent  | * NTATION OF M                            | Minus        | ***                  | T CLAIM                      | =-                      | 11    | X42=                |                        | OR                            | X84=                |                        |  |
| <u> </u>  | TINOT PRESE  | NIAHONOLWI                                |              | LINDLIN              | TODAM                        |                         | ا ل   | +140=               |                        | OR                            | +280=               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE |  |   |              |                      |                              |                         |       |                     |                        | ΛP                            | TOTAL               |                        |  |
| ***   | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                      |                              |                         |       |                     |                        |                               |                     |                        |  |